

NOTICE OF INDEPENDENT REVIEW DECISION

Date: September 8, 2003

RE: MDR Tracking #: M2-03-1641-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon physician reviewer who is board certified in Orthopedic Surgery and has an ADL level 1 certification. The Orthopedic Surgeon physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This independent review involves a left knee injury reportedly sustained on the job ___, by a then 34 year old female ___ who apparently slipped and fell striking her knee against the shelves and possibly then falling to the ground. Subsequent limited physical exam led to an MRI study which suggests possible medial and lateral meniscal tears as well as some prepatellar swelling and chondromalacia of both femoral condyles. Seen later by the medical staff in an orthopedic office, request was made for arthroscopic meniscectomy. For a variety of reasons including dispute of compensability, the surgery had not been performed as yet. While the documentation is less than optimal, it would appear that the patient has remained symptomatic with mechanical symptoms of near-locking, popping and giving way, and indicated no previous left knee concerns or injuries. To add to the clinical picture the claimant stands 5'1" tall and weighs some 220 pounds. The claimant has apparently been off work entirely since ___. A subsequent MRI did not confirm obvious meniscal pathology and subsequent non-treating reviewers have not supported the approach of arthroscopy, favoring conservative management for degenerative joint disease. In November 2002 the TWCC ruled that the left knee injury sustained ___ was compensable.

Requested Service(s)

The medical necessity of left knee arthroscopy and meniscectomy.

Decision

With some personal reservations in regard to documentation and examination, I nonetheless disagree with the carrier and find the requested services medically necessary.

Rationale/Basis for Decision

While clearly this obese patient has contributed to her own difficulties, and almost certainly has some underlying early degenerative changes, her continued mechanical symptoms of catching, popping, buckling and insecurity need to be addressed – especially in light of her relatively young age and apparent absence of pre-existent similar mechanical difficulties. While a previous reviewer refers to a study of avoiding arthroscopy in the face of arthritis, it must be understood that this study was in an older patient population with basically an absence of serious mechanical symptoms as present in this patient. While the arthroscopy may fail to markedly improve the patient's symptoms at this point, failure to intervene almost certainly deprives her of some potential benefit and a probable more rapid downhill course of early arthritis. While I can clearly understand and perhaps agree with the dispute of compensability, this does not change the claimant's clinical predicament. The patient and carrier would have been much better served if through examination and adequate documentation have been supplied by the treating orthopedic surgeon. Assuming compensability, the requested surgical intervention seems reasonable and medically necessary.

YOUR RIGHT TO REQUEST A HEARING

Either party to medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.